

SEP 02 2005

Atty. Dkt. No. 041457-0633

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Juan Mantelle et al.

Title: TRANSDERMAL  
COMPOSITIONS CONTAINING  
LOW MOLECULAR WEIGHT  
DRUGS WHICH ARE LIQUID AT  
ROOM TEMPERATURES

Appl. No.: 09/986,945

Filing Date: 11/13/2001

Examiner: Retford O. Berko

Art Unit: 1618

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.	
Amy Mason	(Printed Name)
Amy Mason	(Signature)
9/2/05	(Date of Deposit)

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Attn: Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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OIPE/IAP

SEP 06 2005

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated April 4, 2005, and in the Advisory Action dated August 10, 2005, finally rejecting Claims 1-21.

- ☐ Applicant claims small entity status.
- ☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- ☒ Notice of Appeal Fee
- ☒ To be paid as detailed below
- ☐ Not required (Fee paid in prior appeal)

09/06/2005 SSESHE1 00000073 190741 09986945

01 FC:1401 500.00 DA  
02 FC:1252 450.00 DA

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The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the second month:	\$450.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$950.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above):	\$0.00
	TOTAL FEE:	\$950.00

- ☒ Please charge Deposit Account No. 19-0741 in the amount of \$950.00. A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$950.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date September 2, 2005By Courtenay C. Brinckerhoff

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